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The retained stent: forgotten but not gone

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Figure 1 | Plain abdominal X-ray demonstrating the transplant ureteric stent on the right in the pelvis.

Figure 2 | Heavily calcified and encrusted stent post-cystoscopic removal.

In 1990, a 23-year-old male patient with cystic fibrosis underwent a successful heart/lung transplantation. His maintenance immunosuppressive regimen included cyclosporine, which led to progressive renal dysfunction secondary to calcineurin inhibitor toxicity and ultimately to end-stage renal failure. In 1999, after a brief period on hemodialysis, he underwent successful cadaveric renal transplantation, with his baseline serum creatinine level being maintained at 140 µmol/l. His subsequent clinical course included intermittent episodes of both chest and urinary sepsis.

Nine years later, during a routine follow-up, a transplant ultrasound scan was arranged. This suggested a retained ureteric stent from the time of his initial renal transplant, which was confirmed by a plain abdominal X-ray (Figure 1).

He subsequently underwent a technically demanding procedure under general anesthesia to remove a heavily calcified and encrusted stent (Figure 2).

This case highlights the need for renal transplant centers that routinely insert stents at the time of renal transplantation to have a robust system for ensuring the timely removal of the stents (usually around 6 weeks post-transplant). In this patient's case, the retained stent is likely to have contributed to the recurrent episodes of urinary sepsis. Furthermore, attempted cystoscopic removal of this non-malleable, encrusted stent may have led to ureteric disruption and need for laparotomy and open removal. Fortunately, this patient made an uncomplicated recovery with stable renal function post-stent removal and has since been free from urinary sepsis.